FAMILY VIOLENCE QUESTIONNAIRE

DCSS 0048 (08/18/05)

INSTRUCTIONS: If you do not complete and return this form to us, the federal government will release information about you or the child(ren)'s whereabouts to courts, child support agencies, and possibly to the other party for the child(ren) in this case.				
Your name: Case Number:				
Other party's name:				
SECTION I: Check the appropriate box for each of the questions.				
	Have you or a child(ren) in this case ever been a victim of family violence or child abuse committed by the other party in this child support case?			
	Do you have a restraining order, emergency protective order or stay away order against the other party in this child support case? If yes, please attach a copy of this order and provide the following information:			
	County/State: Order/Docket Number:			
	Expiration Date:			
	If you or the child(ren) in this case receive public assistance, do you want the welfare because of the increased risk of physical, sexual, or emotional harm to you or the child(ren) in this case, by the other party? This is called having "good cause" to close the support case.			
SECTION II: You MUST complete this section if you answered "Yes" to any item in SECTION I.				
Please provide detailed family violence information including dates, times, places, and witnesses. (Attach additional page if needed).				

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SECTION III: If appropriate please check the box below, sign, date, and return this form to:				
Giving out my address or other information identifying my location could be harmful to me or the child(ren) in this case. I am requesting that my address or other identifying information not be given to the other party in this case. This request will stay in effect until I let the know in writing that they may now give out my information, and the tells me that they have received my request. I understand that under federal law, an authorized person may make a written request to the court that has jurisdiction to make or enforce child support or visitation determinations, for release of my information. The local child support agency will let me know in writing if the court orders the release of any information on my case.				
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
PRINT NAME	SIGNATURE	DATE		